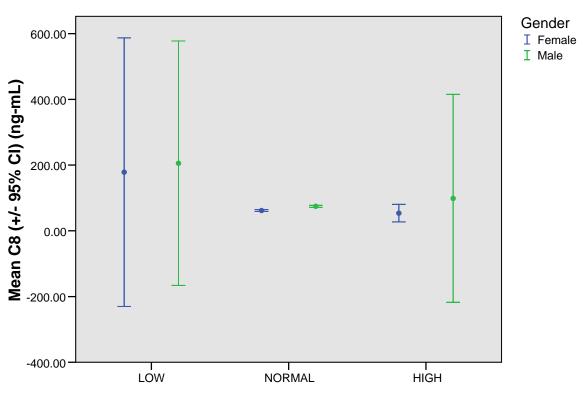
Serum C8 By Chloride (Serum) Levels In Participants <18 Years Of Age C8 (ng-mL)

| Chloride (Serum) | Gender | N | Mean |
|------------------|--------|-------|----------|
| LOW | Female | 4 | 178.5250 |
| | Male | 4 | 205.6500 |
| | Total | 8 | 192.0875 |
| NORMAL | Female | 5089 | 61.7495 |
| | Male | 5425 | 74.4486 |
| | Total | 10514 | 68.3019 |
| HIGH | Female | 12 | 53.7167 |
| | Male | 3 | 98.6333 |
| | Total | 15 | 62.7000 |
| Total | Female | 5105 | 61.8221 |
| | Male | 5432 | 74.5585 |
| | Total | 10537 | 68.3879 |

Serum C8 By Chloride (Serum) Levels In Participants <18 Years Of Age



Low/Normal/High (Choride)

Low <96, Normal 96-109, High >109 (Units: mmol/L) Source: http://www.labcorp.com/datasets/labcorp/html/chapter/mono/pr003100.htm

| Th se cli of ar re | he WVU website is a communication vehicle to depict associations or their absence for public use. hese tables and graphs show many comparisons between lab tests and corresponding population erum PFOA (C8) levels. When it appears that there is a clear relationship between serum C8 and a inical laboratory value, the meaning of that relationship still requires thought and discussion. Some the relationships, while real, are weak and not likely to be important. Several are strong, interesting and potentially important, and none of them can be taken to show an etiologic (cause and effect) elationship or its absence without more work. When it comes to causes, scientists interpret these reliminary data with deference to additional work that needs to be done. |
|-----------------------------------|--|
| | hese data concerning associations are for public use. They will receive additional collaborative work in eer review format. We hope they prompt public curiosity and suggestions of interested scientists. |
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